Name in Full — Certificate of Death

Ellen A Kinsey

Died at — Town: Pocomoke — County: Worcester — MARYLAND

Date 1902 — Month: Feb — Day: 25 — Age: Y. 35 M. D. — Native of: Pocomoke — Occupation: Housekeeper

~~Male~~ Female — ~~White~~ Colored — Married — Single — Widow — Widower — Divorced — Number of children living 11.

~~Husband~~ Wife of Isaac A Kinsey

Father's Name: Henry Hayland — Mother's Name: Tabitha Haywood

Cause of Death — Primary: Given to heart Trouble. — How long sick: 2 weeks

Immediate: 66

~~Accident, Suicide, Homicide~~

Reported by: Holland and Brother Undertakers

Address: Pocomoke City Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. No Doctor

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Bedford and Bowles

of Portsmouth City.

Name in Full Mrs Lizzie Bowen

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date ~~Mo~~ 1900 Month 2 Day 20 | Age Y. 36 M. — D. — | Native of Md | Occupation Matron

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of Wife Widow of Sidney Bowen

Father's Name Edward Townsend Mother's Name

Cause of Death Primary Consumption 22a How long sick 12 mo

Immediate Accident, ~~Suicide, Homicide~~

Reported by John E Rodgers

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Dr Ebr Holland

J E Wise Jon

F. D.

Name in Full

Catharine R Collins

Certificate of Death

Died at Town: Snow Hill County: Wor MARYLAND

Date 1900 Month: Feb Day: 23 | Age Y. 7 M. D. | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Married~~ ~~Widowed~~ of ~~Widow~~

Father's Name Jno J. Collins

Mother's Name Lillie Collins

Cause of Death: Primary 74

How long sick 3 mos

Immediate Congestion of lungs

~~Accident, Suicide, Homicide~~

Reported by Burbage & Eastman Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Dr. Straughn

Snowhill

Md

Name In Full

Certificate of Death

Isaac Hancock

Died at Town Snow Hill County Worcester MARYLAND

Date 19 w Month 2 Day 18 | Age Y. 17 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of

Wife

Father's Name

Mother's ~~Maiden~~ Name Nate Hancock

Cause of Death { Primary 81 Inflammation of Stomach How long sick

Immediate

Accident, Suicide, Homicide

Reported by Advocate

Address

2-24-190w

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Charles Hastings Child

Certificate of Death

Died at Town Newark County Worcester MARYLAND

Date 1910 Month 2 Day 2 | Age Y. 4 M. D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ Number of children living 24

~~Husband~~ of ~~Wife~~

Father's Name Charles Hastings Mother's Name Ella Hastings

Cause of Death: Primary Congenital Syphilis — How long sick 4 years

Immediate Pernicious Anaemia — ~~Accident, Suicide, Homicide~~

Reported by E Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

C J E

Name in Full

Certificate of Death

John Jenkins

Town

County

Died at Pocomoke

Worcester

MARYLAND

Date 1901	Month Feb	Day 7	Age Y. 71 M. D.	Native of Pocomoke	Occupation Hard Labor

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 11

Husband of ~~Wife~~ Sarah Jenkins

Father's Name Peter Jenkins

Mother's Name Leanah Jenkins

Cause of Death: Primary — Shortness of breath

Immediate

161

How long sick 1 month.

~~Accident, Suicide, Homicide~~

Reported by J. F. Ballard

Address Pocomoke City. Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. No Doctor

of

Seen by Coroner

of

Information contained in this certificate received

from J. J. Ballard and Bro.

of Pocomoke Worcester Co.

Name In Full

Certificate of Death

Annie Mason

Died at Town Girdletree, County Worcester, MARYLAND

Date 1900 Month 2 Day 18 | Age Y. 34 M. 4 D. | Native of Maryland | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living Two

Husband of Wife A. C. Mason

Father's Name James Ridden | Mother's Name Elizabeth Ridden

Cause of Death | Primary Placenta Praevia 116 | How long sick 1 day

Immediate Hemorrhage & Exhaustion caused by

Accident, Suicide, Homicide

Reported by C. H. Burbage M. D.

Address Girdletree Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

Name in Full

Jno. M. Hews

Certificate of Death

Died at Town: near Snow Hill County: Wor MARYLAND

Date ~~189~~ 1900 Month Feb Day 20 Age Y. 66 M. D. Native of Md Occupation farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children~~ living

Husband ~~Wife~~ of Nancy Hews

Father's Name James Hews Mother's Name Elizabeth Hews

Cause of Death: Primary 161 How long sick doul know

Immediate Found dead in bed Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address J Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Sum by H. J. Clayville
J. P. Snow Hill Md
No inquest -

Name In Full Silas Payne

Certificate of Death

Died at Town Stockton, County Worcester, MARYLAND

Date 1900 Month 2 Day 19 | Age Y. 48 M. 11 D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living One

Husband of Wife ~~Attach~~ Almeta Townsend

Father's Name J. J. Payne | Mother's Name Manon A. Payne

Cause of Death: Primary Tuberculosis of Lungs | How long sick About 8 months

Immediate Exhaustion 22a | ~~Accident, Suicide, Homicide~~

Reported by Chas. Bunting, M.D.

Address Girdletree Stockton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full — Certificate of Death

Mrs. Sarah Pennell

Died at Town: Snow Hill — County: Worcester — MARYLAND

Date ~~1902~~ 1905 — Month: 2 — Day: 18 — Age: Y. 68 M. D. — Native of: Md. — Occupation: Housewife

~~White~~ / ~~Male~~ Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 1

~~Husband~~ Wife of John M. Pennell

Father's Name — —

Mother's Name —

Cause of Death — Primary: Dropsy, 155a — How long sick: 6 months

Immediate: Congestion of the Lungs

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. P. Jones M.D. 4-19-05

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

P.C. I
12.3

Name in Full: Olivia E. Ruark

Certificate of Death

Died at (Town): Whitburge (County): Wor. MARYLAND

Date ~~1900~~ 1900 (Month) Feb (Day) 8 | Age (Y.) 12 (M.) 7 (D.) | Native of: Md | ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Saul J Ruark

Mother's Name: Amanda Ruark

Cause of Death: Primary: Saul-Know 161

Immediate:

How long sick: 3 days

~~Accident, Suicide, Homicide~~

Reported by: Burbage & Conner Undertakers

Address: Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

No Dr. in attendance

Name in Full Emma Thadder

Certificate of Death

Died at Town Oceancity County worcester MARYLAND

Date 1900 Month Feb Day 6 | Age Y. 57 M. D. | Native of maryland | Occupation house Keeper

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ of Wife James Thadder

Father's Name

Mother's Name

Cause of Death { Primary | Immediate

How long sick

Accident, Suicide, Homicide

Reported by C J Evans & son

Address Undertakers Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Herren

of Ocean city md

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

William Townsend

Town

County

Died at Worcester MARYLAND

Date	Month	Day	Age	Native of	Occupation
1900	Feb	23	Y. 12 M. D.	Md	

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living

Husband of

Wife

Father's Name Robt. Townsend

Mother's Name Maggie Townsend

Cause of Death — Primary

Immediate Dropsy 15 Da

How long sick

1 week

Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Dr. Paul Jones Md
Snow Hill
Md